

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593,452

FILING DATE

9-19-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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24						
25			1			
26			1			
27			1			
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35			1			
36			1			
37				1		
38			1			
39				1		
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41				1		
42			1			
43			1			
44			1			
45				1		
46				1		
47			1			
48						
49						
50						
TOTAL IND.		↓	10	↓		↓
TOTAL DEP.		←	13	←		←
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						